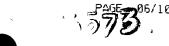
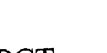
25/05/2005 12:06 و نوټني







The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

REQUEST

	For receiving Office use only	
Interna	itional Application No.	
Interne	nional Filing Date	

Name of receiving Office and "PCT International Application" Applicant's or agent's file reference P83957PC00/ASG

(If desired)(12 characters maximum) TITLE OF INVENTION Box No. I APPARATUS FOR INHIBITING FINES CARRYOVER This person is also inventor. APPLICANT Box No. II Telephone No. Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Facsimile No. Dynamic Processing Solutions PLC Dynamic House Teleprinter No. 8-10 Comba Road Applicant's registration No. with the Office Portishead, Bristol BS20 5BJ United Kingdom GB State (that is, country) of residence: State (that is, country) of nationality: the States indicated in the United States all designated States except ail designated This person is applicant the Supplemental Box of America only the United States of America States for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Box No. III This person is: Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated helow.) applicant only applicant and inventor Ø DELVES, James Edward inventor only (If this check-hox Is marked, do not fill in helow.) 16 Drakes Way Portishead Applicant's registration No. with the Office Bristol BS20 6LB United Kingdom State (that is, country) of residence: GB State (that is, country) of nationality: GB the States indicated in the United States all designated States except all designated This person is applicant the Supplemental Box of America only the United States of America States for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE common representative agent The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: (Family name followed by given name; for a legal creity, full official designation.
The address must include postal code and name of country.) Telephone No. Name and address: + 44 20 7420 5000 Facsimile No. GILES, Ashley Simon + 44 20 7420 0505 HASELTINE LAKE Teleprinter No. Imperial House, 15-19 Kingsway Agent's registration No. with the Office London, WC2B 6UD United Kingdom Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent

Form PCT/RO/101 (first short) (March 2001; reprint July 2003)

See Notes to the request form

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)  If note of the following sub-chance is used, this sheet should not be included in the request.  Manus and address. Eleminy many filty and person man, to extend yet the sub-chance is used, this is the sub-chance is used, this is country of the address in the request.  Manus and inventor is country of manuscription for the country of the address in different on the state is the applicant of the sub-chance is maked the analysis to indicate the state of the sub-chance is maked the analysis to indicate the state of the sub-chance is maked the analysis to indicate the state of the sub-chance is maked the analysis to indicate the state of the sub-chance is maked the analysis to indicate the sub-chance is indicated in indicated to the sub-chance is indicated to indicate the sub-chance is indicated in indicated to the sub-chance is indicated in indicated to the sub-chance is indicated to indicate the sub-chance is indicated in indicated	Sheet No. 2			
State (that is, country) of nationality:   GB   State (that is, country) of residence in substance and industrial post of the designated of the flow of the designated of the desi	O(118111		INVENTOR	(S)
Name and didress; (Pamby many foliations). The entering of the address the affected as the affected share and studies of share foliations and studies of the Same of residence of a studies of the Same of residence of the United Studies of America of the Same of the Same of the Same of residence of the United Studies of America of the Same of the Sam	If none of the following sub-baxes is used, this sheet should not be included in th	tion The	This person	is:
ARKINSON, David John Arcdane	the state of the s	is the		applicant only
Walton Down  Walton In-Gordano Clevedon B921 7AR United Kingdom  State (that is, country) of pationality:  By State (that is, country) of pationality:  By Comment applicant of the propose of the propose of patients of America only the United States of America only of America only (this closed in the Supplemental Box of America only State (that is, country) of nationality:  BROCK, Stanon Thomas Henry  The Orchard  Fri ary Road  Porticialised  State (that is, country) of nationality:  Ball designated States except to the United States of America only (this closed-an inventor only (this closed-an inventor only (this closed-an inventor only the patient) of the propose of the inventor only (this closed-an inventor only the patient) of the propose of the inventor only (this closed-an inventor only the patient) of the propose of the inventor only (this closed-an inventor only the patient) of the propose of the inventor only (this closed-an inventor only (this closed-an inventor only (this closed-an inventor only (this closed-an inventor only the patient) of the propose of the inventor only (this closed-an inventor only the patient) of the propose of the inventor only (this closed-an inventor only the patient) of the patients of the inventor only (this closed-an inventor only the inventor only (this closed-an inventor only only the closed inv	••		$\boxtimes$	• •
Nalton Down Nalton-in-Gerdano Clevedon B921 7AR United Kingdom  State (hat is, country) of nationality:  Bits (hat is, country				inversior only (I) into energing in marked, do not fill in below.)
Applicant's registration No. with the Office Clevedon B931 7AR United Kingdom  State (that is, country) of residence:  GB  This person is applicant   all designated   all designated States except the United States of America only person of the September of the				
State (that is, country) of nationality:  This person is applicant from Thomas Henry The Orthand States (that is, country) of nationality:  This person is applicant from Thomas Henry The Orthand This person is applicant from Thomas Henry This person is applicant from the This person is.  This person is applicant from Thomas Henry This person is applicant from This person is applicant and inventor from This person is applicant from This			Applicant's	registration No. with the Office
State (that is, country) of nationality:  This person is applicant  This person is  Th				
State (that is, country) of residence:  GB  This portion is applicant  This portion is applicant  States and address! (Pamily name folioned by span more, he as legel state), and defined designated on the Surgeous states are completed as and address! (Pamily name folioned by span designated as a span decided by the span more of the Surgeous states are completed as a span decided point of more of the span of more of the surgeous states are completed as a span decided point of more of more of more of more of the span of more of mor				
This person is applicant and indesignated of months of America only of America				
This person is applicant or the purposes of States  States  Mane and address; (Fourthy none pillowed by given none; for a legal entity, full official designation. The address and included posted each and man of poster of the control of the contro	State (that is, equally) of fixed-raily.	- the Tinit		
Marie and address: (Panaly name planes of the State of the Chief State of America only applicant only of residence of the State of the State (that is, country) of nationality:    State (that is, country) of nationality:   GB	for the purposes of: States the United States of America	of Amer	ice only	the Supplemental Box
applicant only applicant only applicant only applicant only applicant only applicant and inventor only (If the closely dependent of the Comment of the Comme	Name and address: (Family name followed by given name; for a legal entity, full official designation and the address indicated in this same	ation. The c is the	Turs betson	
BROCK. Simon Thomas Henry The Orchard Friary Road Portishea6 Bristol B820 62W United Kingdom  State (that is, country) of nationality:  GB  State (that is, country) of nationality:  This person is applicant  all designated and address inflament of national personal persona	address must include postal code and name of country. In a country of the works much the paragraphicant's State (that is, country) of residence if no State of residence is indicated below.)			
This person is applicant and inventor inventor only (f) the check as a market do not fill in below)  State (that is, country) of nationality:  State (that i				• •
Portished  Bristol B820 6LW  United Kingdom  State (that is, country) of nationality:  GB  State (that is, country) of nationality:	The Orchard			is murked, do not fill in below.)
### State (that is, country) of nationality:    State (that is, country) of nationality:   GB			Applicant's	registration No. with the Office
State (that is, country) of nationality:  GB  State (that is, country) of nationality:  GB  State (that is, country) of nationality:  This person is applicant of the purposes of:  States:  State (that is, country) of nationality:  Name and address: (Family name fallowed by given name; for a legal entity, full afficial designation. The orders must include popula code and name of country. The country of national treatment in this Box is the applicant is Sums (that is, country) of nationality:  State (that is, country) of nationality:  This person is applicant and inventor inventor only (ty this sheek-has is marked, do nor pill in helow)  Applicant's registration \( \text{\text{out}\) of the sheek-has is marked, do nor pill in helow)  Applicant's registration \( \text{\text{out}\) of the sheek-has is marked, do nor pill				
State (that is, country) of nationality:  GB  State (that is, country) of residence:  GB  This person is applicant  all designated bates except the United States of America only the States indicated in the Supplemental Rex  This person defects: (Family name followed by given name; for a legal entity, full afficial designation. The address must include postal code and more of country. The country of the address indicated in this Box is the applicant only applicant only applicant and inventor inventor only (If this check-dox is unarred, do not fill in below)  State (that is, country) of nationality:  This person is applicant and inventor inventor only (the advector inventor only (that is, country) of nationality:  This person is applicant in the States indicated in another cont				
This person is applicant   states   sta		(in country) o	fresidence:	
This person is applicant   designated   all designated   the United States of America only   the Supplemental Box for the purposes of:   States   the United States of America only   the Supplemental Box for the purposes of:   States   the United States of America only   the Supplemental Box of America only   the States indicated in this Box is the   applicant and inventor only (if this check-dox is marked, do not fill in below)   Applicant's registration No. with the Office    State (that is, country) of nationality:   State (that is, country) of residence:   the States indicated in the Supplemental Box of America only   the States indicated in the Supplemental Box    Name and address: (Family names followed by given name; for a legal entity, full afficial designation. The address must include postal ends and name of country. The country of the address indicated in this Box is the applicant in the Supplemental Box   applicant and inventor inventor only (if this check-dox is marked, do not fill the States of the United States of America only   applicant and inventor inventor only (if this sheek-dox is marked, do not fill the States of America only   the States indicated in the Box is the applicant inventor only (if this sheek-dox is marked, do not fill the below)   applicant and inventor inventor only (if this sheek-dox is marked, do not fill the Box of America only   the States indicated in the Box of America only   the States indicated in the Supplemental Box   the States indicated in the States of America only   the States indicated in the Supplemental Box   the States indicated in the States of America only   the States indicated in the States of America only   the States indicated in the States of America only   the States of Amer	State (that is, country) of nationality: GB			
Name and address. (Family name joinwest by country). The country of the address indicated he has Box is the applicant and inventor inventor only (If this check-dox is marked, do not fill in below).  State (that is, country) of nationality:  State (that is, country) of residence:  This person is applicant for the purposes of:  Name and address: (Family name followed by given name: for a legal entity, full afficial designation. The address must include grate and and of providence if no States indicated in this Box is the address must include grate and inventor only (If this check-dox is marked, do not full in below).  This person is applicant and inventor for a legal entity, full afficial designation. The address must include grate and one of country. The country of the address indicated in this Box is the applicant only applicant in applicant only applicant in the surplemental Box is the applicant only of residence if no State of residence is indicated below).  State (that is, country) of residence if no State of residence is indicated below).  State (that is, country) of residence:  This person is applicant and inventor inventor only (If this check-dox is marked, do not fill in helow).  Applicant's registration No. with the Office.  State (that is, country) of residence:  This person is applicant and inventor inventor only (If this check-dox is marked, do not fill in helow).  Applicant's registration No. with the Office.  This person is applicant and inventor inventor only (If this check-dox is marked, do not fill in helow).  Applicant's registration No. with the Office.  The State (that is, country) of residence:  The State (that is, country) of residence in the State of America only of America only the States ind	for the purposes of: States the United States of America	of Ame	rica only	the Supplemental Bex
State (that is, country) of nationality:    State (that is, country) of residence:   This person is applicant for the purposes of:   States   designated   all designated States except the United States   the States indicated in the Supplemental Box		ation. The 12 is the		applicant only applicant and inventor inventor only (If this check-box
This person is applicant all designated states except the United States of America only the States indicated in the United States of America only indicated in the States indicated in the States indicated in the United States of America only indicated in the Supplemental Box in States and/or (further) inventors are indicated on another continuation sheet.	-		Applicant's	registration No. with the Office
This person is applicant all designated states except the United States of America only the States indicated in the Supplemental Box  Name and address: (Family name followed by given name: for a legal antity, full afficial designation. The address must include postal ende and name of country. The country of the address indicated in this Box to the applicant is State (that is, country) of residence if no State of residence is indicated below.)  State (that is, country) of nationality:  This person is applicant all designated states except the United States of America only the States indicated in the Supplemental Box  Further applicants and/or (further) inventors are indicated on another continuation sheet.	State (that is, country) of nationality: State (that	ii is, country) c	of residence:	
Name and address: (Family name followed by given name: for a legal antity, full afficial designation. The address must include postal and name of country. The country of the address indicated in this Box to the applicant is. Country) of residence if no State of residence is indicated below.)  State (that is, country) of nationality:  This person is:  This person is:  This person is:  This person is:  applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office.  This person is applicant  all designated states except the United States of America of America only the States indicated in the Supplemental Box.  Further applicants and/or (further) inventors are indicated on another continuation sheet.	This person is applicant all designated all designated States except			
This person is applicant all designated the United States of America of America only the Supplemental Box for the purposes of:  This person is applicant States all designated States of America only the Supplemental Box of America onl	Name and address: (Fumity name followed by given name; for a legal entity, full afficial design	otion. The ox ts the		applicant only applicant and inventor inventor only (If this check-hox is marked, do not fill in helow.)
This person is applicant all designated all designated States except the United States of America of America only the Supplemental Box    Further applicants and/or (further) inventors are indicated on another continuation sheet.	State (that it country) of nationality:   State (the	at is, sountry)	of residence:	
Further applicants and/or (further) inventors are indicated on another continuation sheet.	This person is applicant all designated all designated States except	the Un	ited States	the States indicated in the Supplemental Box
FUTURE BEPTICARE STIDIOS (GUIDLES) INVESTIGIS DE MAINTENE DE MAINT	to, the purposes of			
Form PCT/RO/101 (continuation sheet) (March 2001; reprint July 2003)  See Notes to the request form	·			See Notes to the request form



## Sheet No. 3

			<u>, , , , , , , , , , , , , , , , , , , </u>	46	plicable check-boxes below: at least one	עמו	st be n	narked.
	10. Y				pricable check-box2, inclose, at the			
The f	cllowi	ng designations are hereby made under Ru	lc 4.	9(a):				
	onal P							
	AP	ARIPO Patent: GH Ghana, GM Gambi SZ Swaziland, TZ United Republic of To of the Harare Protocol and of the PCT (i)	otho	nız, ud r kind	of protection or treatment desired, spec	ify c	on dott	ed line)
Ø	EÀ	Eurasian Patent: AM Armenia, AZ Aze Federation, TJ Tajikistan, TM Turkmeni PCT	sten	, and a	my other State which is a Conditioning of			
Ճ	EP	European Patent: AT Austria, BE Belg DE Germany, DK Denmark, EE Estonia IT [taly, LU Luxembourg, MC Monaco, and any other State which is a Contractir	NL P St	Spain Nother secon	, F1 Finland, FR France, GB Chiled Kill rlands, PT Portugal, RO Romania, SE S the European Patent Convention and of t	wed he P	len, SI	Slovenia, SK Slovakia, TR Turkey.
<b>\</b>	OA	The second of th						
		arent (If other kind of protection or tream	noni	desire	d. snepify on dotted itne):			
1	DEAL P	atent (if omer sine of protection or beam	(Z)	HP.	Croatia	Ø	PG	Papus New Guinea
	ÀΕ	United Arab Emirates		YITI	Hungary	Ø		Oman
	ΛG	Antigua and Barbuda	Ø	m.	Indonesia	X	PH	Philippines
	AL	Albania	<u> </u>	11			PI.	Poland
×	AM	Armenia		IN		Ø	PT	Partugal
×	AT	Austria	(A)	10		X	RO	Romania
Ø	ΑÜ	Australia		110			RÜ	Russian Federation
Ø	ΛZ	Azerbaijan  Passia and Megggovins	ΙΔΙ ΙΦ	KE	Kenye			
Ø	BA	Bosing and LieizeRoans		KG		冈	SC	Seychelics
<b>S</b>	BB	Dai vilaco		KP	Democratic People's Republic	☒	SD	Sudan
⊠		Duka .	М	M	of Kores		SE	Sweden
Ø	BR	B:azi)	621	KR			SG	Singapore
図	BY	Belarus	_	KZ	Technology of the second		5K	Slovakia
Ø	BZ	Belize	_				SL	Sierra Leone
⊠	CA	Canada		L.C LK	The same of the sa		SY	Syran Arab Republic
×		LI Switzerland and Liechtenstein		LR	O11 D011100		TJ	Tajikistan
	CN	China	_		LICCI II		TM	Turkmenistan
区	ÇO	Colombia		LS	100000	_	TN	Tunisia
×	CR	Costa Rica		I.T	Extraction		TR	Turkey
X	CU	Cuba		LU	Luxembourg Latvia	×	m	Trinidad and Tobago
	CZ.	Czech Republic +Utility Model	_	LV		_		
Ø	DE	Germany +Unility Model		MA	Republic of Moldeya	Ø	TZ	United Republic of Tanzania
Ø	DK	Denmark +Unity Medel	ىما	MD			UA	Ukraine
☒	DM	Dominica	<u>~</u>	we	Modegoscar	_	UG	Uganda
$\boxtimes$	ŊΖ	Algeria	뎚	MIC	The former Yugosiav Republic of	_	US	United States of America
	EC	Ecuador	لصا.	IVLA	Macedonia			
X	EE	Estonia +Utility Model	[ <u>7</u> ]	MN	Mongolia	Ø	UZ	Uzhekistan
Ø	ES	Spain		MW	Malawl	Ø	VC	Saint Vincent and the Grenadines
X	FI	Finland +Utility Model	-	ΜX		Ø	YN	Viet Nam
	GB	United Kingdom	岗	MZ	Mozambique	Ø	YU	Scrhia and Montenegro
	GD	Grenada		NI	Nicaregua		7.A	South Africa
X	GE	Georgia Ghana		NO	Norway	$\boxtimes$	ZM	Zambia
X	GH GM	Gambia	•	NZ	New Zealand	$\boxtimes$	ZW	Zimhebwe
2	CIM	xes below reserved for designating States v	. die	h hasa	become party to the PCT after issuance	of t	his sínc	et:
Chi			~1:1¢	(1.1f#AC	Decome placy so 2.3. or 2.3.			
図	and	all other countries which	ุ่□	ein:	January 2003			
םן	hav	e become bound by the PCT						
The	ich wo appli month	mary Designation Statement: In addition wild be permitted under the PCT except any cant declares that these additional designates from the priority date is to be regarded as receiving Office within the 15-month time	ions wit	are su Bightan	ones decim	atio	n which	h is not confirmed before the expiration of

AKERS

		Sheet No. 4		
Box No. VI PR	IORITY CLAIM			
The existing of the following	ng earlier application(s) is hereby c	laimed:		
Filing date	Number		Where earlier application	international application:
of earlier application (dav/month/year)	of earlier application	national application: country	regional application:	receiving Office
item (1)		GB	ļ	j '
3 December 2002	0228199.6	49		
itom (2)				
(2)				
item (3)				
item (4)				
item (5)				
Further priority claim.	s are indicated in the Supplemental	Box.		Singular tion (s) (caby if
the earlier application we above as:	equested to prepare and transmit to as filed with the Office which for the	the International Bureau a e purposes of this internat  item (3)		other, see
	(e)(i) (1)		n in the Committee of t	Supplemental Box
Where the earlier appliance Industrial Property or one	ication is an ARIPO application, in a Member of the World Trade Orgi	dicate at least one country anization for which that ec	party to the Paris Conv arlier application was fil	ed (Rule 4.10(b)(ii)):
		LITHORITY		
Gi di additational	Searching Authority (ISA) (if two	o or more International Se -letter code may be used):	arching Authorities are	competent to carry out the
ISA / BR	f earlier search; reference to that	search (if an earlier sear	ch has been carried out	by or requested from the
International Searching	Authority):			
Date (day/month/year)	Number	Country	(or regional Office)	
Box No. VIII DE	CLARATIONS	OT (I) (A) Combaba ann	linable	Number of
The following declarati	ons are contained in Boxes Nes. Vindicare in the right column the num	nber of each type of declar	ration):	declarations
Box No. VIII (i)	Declaration as to the identity	of the inventor		· ;
☐ Bex Ne. VIII (ii)	Declaration as to the application date, to apply for and be gran	nted a patent		:
☐ Box No. VIII (iii)	Declaration as to the application date, to claim the priority of	the earlier application		:
□ Box No. VIII (iv)	Declaration of inventorship (United States of America)			
Bex No. VIII (v)	Declaration as to non-prejud	licial disclosures or except	ions to lack of novelty	

Form PCT/RC/101 (third sheet) (March 2001; reprint July 2003)

Ses Notes to the request form

Sheet No. 5

Box No. IX CHECK LIST: LANGUAGE OF I		
military stimul and insting contains.	This international application is accompanied by the following hear(s)	Number
This international application contains: (4) in paper form, the following number of	(mark the applicable check-boxes below and indicate in right column	of items
	the number of each item):	
sheets:	1. X fee calculation sheet	1
request (including	2. Original separate power of attorney	
(CC:Matton Shoots)	3. Original general power of attorney	
description (excluding	4. copy of general power of attorney; reference number,	
sequence listings and/or		
moley letated motern)	if any:	
Ciallis	5. statement explaining lack of signature	
abstract : 1	6. priority document(s) identified in Box No. VI as	:
drawings : 1	item(s):	
Sub-total number of sheets : 22	7. In translation of international application into	:
sequence listings :	(language):	
tables related thereto	8. Separate indications concerning deposited microorganism	
(for both, actual number of sheets if	or other biological material	
filed in paper form, whether or not	9. sequence listing in computer readable form (indicate type and number of carriers)	
also filed in computer readable	(indicate type and number of curriers)	
form; see (c) below)	(i) copy submitted for the purposes of international search	
I titus number of spects	under Rule 13ter only (and not as part of the international application)	:
(b) only in computer readable form	(ii) (only where check-box (b)(i) or (c)(i) is marked in left column)	
(Section 801(a)(i))	additional copies including, where applicable, the copy for the	
(i) sequence listings	purposes of international search under Rule 13ter	:
(ii) tables related thereto	(iii) together with relevant statement as to the identity of the copy of	ſ
(c) also in computer readable form	copies with the sequence listings mentioned in left column:	:
(Section 801(a)(ii))	10. Lables in computer readable form related to sequence listings	
(i) ☐ sequence listings (ji) ☐ tables related thereto	10. Lables in computer readable form related to sequence distings	
	(indicate type and number of carriers)	
Type and number of carriers (diskette,	(i) copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international	
CD-ROM, CD-R or other) on which are		•
contained the	application) (ii) (only where check-box (h)(ii) or (c)(ii) is marked in left column	1)
sequence listings:	additional copies including, where applicable, the copy for the	,
tables related thereto:	purposes of international search under Section 802(b-quater)	:
items 9(ti) and/or 10(ti), in right column)	(iii) together with relevant statement as to the identity of the copy of	г
the state of the s	(III) Ingenier with relevant statement in the me terminy of the copy of	:
	copies with the tables mentioned in IER Column:	
	copies with the tables mentioned in left column:	:1
	11. Sother (specify): Patents Form 23/77	: 1
Figure of the drawings which	11. \( \times\) other (specify): Patents Form 23/77  Language of filing of the English	:1
Figure of the drawings which should accompany the abstract.	11. Oother (specify): Patents Form 23/77  Language of filing of the international application:  English	:1
Figure of the drawings which should accompany the abstract.	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PEPPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature.	11. Oother (specify): Patents Form 23/77  Language of filing of the international application:  English	
Figure of the drawings which should accompany the abstract.	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PEPPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOI No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature.	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PEPPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX NO. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signequest).	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PEPPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX NO. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signequest).	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PEPPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX NO. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signequest).	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PEPPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX NO. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signequest).	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PERPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX NO. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signequest).	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PERPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature.	11. Mother (specify): Patents Form 23/77  Language of filing of the international application:  CENTRO OF COMMON PERPESENTATIVE	
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signequest).	11. \( \times\) other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE grains and the capacity in which the person signs (if such capacity is not abbitous from	
Figure of the drawings which should accompany the abstract.  BOX NO. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature.	11. \( \times\) other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE gring and the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity is not abutous from the capacity in which the person signs (If such capacity is not abutous from the capacity is not abuto	
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signaturest).  GILES, Ashley Simon	11. \( \times\) other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE grains and the capacity in which the person signs (if such capacity is not abbitous from	
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signatures.  GILES, Ashley Simon  Date of actual receipt of the purported international application:	11. So other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abbitous from the person signs (If such capacit	reading the
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signaturest).  GILES, Ashley Simon  Date of actual receipt of the purported intermational application:  Corrected date of actual receipt due to later but	11. So other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abbitous from the person signs (If such capacit	
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signatures.  GILES, Ashley Simon  Date of actual receipt of the purported international application:  Corrected date of actual receipt due to later but timely received papers or drawings completing	11. So other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abbitous from the person signs (If such capacit	reading the
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signaturest).  GILES, Ashley Simon  Date of actual receipt of the purported international application:  Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	Language of filing of the international application:   Language of filing of the international application:   AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abbitous from the person signs (If s	reading the
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signatures.  GILES, Ashley Simon  Date of actual receipt of the purported international application:  Corrected date of actual receipt due to later but timely received papers or drawings completing	Language of filing of the international application:   Language of filing of the international application:   AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abbitous from the person signs (If s	reading the
Figure of the drawings which should accompany the abstract.  BOX No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signatures.  CILES, Ashley Simon  Date of actual receipt of the purported international application:  Corrected dote of actual receipt due to later but timely received papers or drawings completing the purported international application:  Date of timely receipt of the required corrections under PCT Article 11(2):	11. So other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abblous from 2. Drawings:  For receiving Office use only  2. Drawings:  10. Transmitted of scarch copy	reading the
Figure of the drawings which should accompany the abstract.  Box No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature, indicate the name of the person signature.  Date of actual receipt of the purported international application:  Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:  Date of timely receipt of the required	Language of filing of the international application:	reading the
Figure of the drawings which should accompany the abstract.  Box No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature, indicate the name of the person signature.  Date of actual receipt of the purported international application:  Corrected direct actual receipt due to later but timely received papers or drawings completing the purported international application:  Date of timely receipt of the required corrections under PCT Article 1(2):  Enternational Searching Authority	11. So other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abblous from 2. Drawings:  For receiving Office use only  2. Drawings:  10. Transmitted of scarch copy	reading the
Figure of the drawings which should accompany the abstract.  Box No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature, indicate the name of the person signature.  Date of actual receipt of the purported international application:  Corrected direct actual receipt due to later but timely received papers or drawings completing the purported international application:  Date of timely receipt of the required corrections under PCT Article 1(2):  Enternational Searching Authority	11. So other (specify): Patents Form 23/77  Language of filing of the international application:  C, AGENT OR COMMON REPRESENTATIVE graing and the capacity in which the person signs (If such capacity is not abblous from 2. Drawings:  For receiving Office use only  2. Drawings:  10. Transmitted of scarch copy	reading the
Figure of the drawings which should accompany the abstract.  Box No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person signature.  I. Date of actual receipt of the purported international application:  3. Corrected due of actual receipt due to later but timely received papers or drawings completing the purported international application:  4. Date of timely receipt of the required corrections under PCT Article 1(2):  5. International Searching Authority	11. \( \text{ other } \( \text{ specify} \): Patents Form 23/77  Language of filing of the international application:  7. AGENT OR COMMON REPRESENTATIVE growing and the capacity in which the person signs (If such capacity is not abbitous from any other states only and the capacity in which the person signs (If such capacity is not abbitous from a signs (If such capacity is not a signs (If such capacity is not abbitous from a signs (If such capa	reading the

Form PCT/RO/101 (last sheet) (March 2001; reprint July 2003)